

**VI. ORNAA CONFERENCE, WORKSHOP/SEMINAR,
NON-CREDIT COURSE APPLICATION FORM
Fiscal Year July 1-June 30**

Please review ORNAA Funding criteria (on back of form) prior to submitting application.
Submit application to District Executive member or hospital rep.

PERSONAL INFORMATION:

DATE: _____	NAME: _____
PHONE: _____	ADDRESS: _____
CITY: _____	POSTAL CODE: _____
EMAIL: _____	EMPLOYER: _____
ORNAA DISTRICT: _____	MEMBERSHIP#: _____

Were you an ORNAA member last fiscal year: yes no
List meeting, workshops, etc attended: _____

COURSE/SEMINAR INFORMATION:

TITLE: _____
DATES: _____
LOCATION: _____

EXPENSES:

REGISTRATION: _____
TRAVEL: _____
ACCOMODATION: _____
TOTAL EXPENSES: _____

Have you requested funding from other sources yes no
If yes, list sources and amounts _____

Original receipts MUST be submitted to District Treasurer.
If no article is written or verification of 20 minute formal presentation, monies
May be WITHHELD by the district executive.

APPLICANT SIGNATURE: